

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

127663-049974

STATE FILE NUMBER

FILED JAN 6 1964

VS 300 Rev. 4/59	DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b <b>10 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4314 Obear Avenue</b>		d. STREET ADDRESS (If outside, give location) <b>4314 Obear Avenue</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>JOHN</b> Middle <b>W.</b> Last <b>SMITH</b>		Month <b>Dec.</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 7, 1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>railroad worker (ret.)</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Terminal R.R.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William N. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Novis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		17. INFORMANT <b>Myrtle Smith 4314 Obear Ave.</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <b>4:20</b> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis County, Mo.</b>	
20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20h. CITY, TOWN, OR LOCATION <b>St. Louis County, Mo.</b>	
21. I attended the deceased from <b>September 1963</b> to <b>December 23, 1963</b> last saw her alive on <b>December 23, 1963</b> Death occurred at <b>3 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>12/24/63</b>	
22a. SIGNATURE <b>Julius Elson, Jr., M.D.</b> (Degree or title)		22b. ADDRESS <b>3720 Washington St. Louis, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>12/26/1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR <b>Bromschwig and Son W Florissant</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 24 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>			

155,000-1000

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
OFFICE OF THE REGISTRAR  
ST. LOUIS, MISSOURI  
JANUARY 1, 1900  
DEATH CERTIFICATE  
No. 1000  
Name of Deceased  
Age  
Sex  
Color  
Place of Birth  
Date of Death  
Cause of Death  
Place of Burial  
Name of Undertaker  
Signature of Registrar  
Signature of Embalmer  
Signature of Student Embalmer

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1  
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STATEMENT BY LICENSED EMBALMER

2-100

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

RECEIVED  
JAN 1 1900  
ST. LOUIS, MO